



Elder Abuse : “No More Shame” Recognition and response in a sub acute setting

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Introduction

- Elder abuse affects 1 in 6 older Australians, and can include neglect, financial, psychological, sexual, social and physical abuse¹
- The impacts of elder abuse include, decreased quality of life, and increased mortality risk by 40%^{2,3}
- When an Older Person is in hospital, it can offer an opportunity to identify and respond to Elder Abuse whilst away from potential perpetrator(s)
- Though prevalent, health professionals may struggle to identify and respond to elder abuse due to lack of training. We aimed to evaluate whether a co-designed multicomponent intervention could improve staff knowledge of elder abuse and older patient's social care outcomes, including safety
- Elder abuse usually goes unreported because older people feel considerable stigma and shame about their abuse, particularly if an Older Adult does not explicitly disclose that they are being abused and there is no physical evidence of neglect or abuse⁴.
- Screening for older adult abuse can improve detection, but many health providers lack skills and confidence
- The “No More Shame” study trials a multi-component intervention comprising a training program, a screening tool, and engagement of Senior Social Workers as Site Champions , to recognise and manage elder abuse in busy sub acute hospital settings.
- No More Shame is a national research project funded by the Medical Research Future Fund, comprising ten study sites across four Australian states; **Osborne Park Hospital (WA)**, Bentley Hospital (WA), Pensinsula Health x 2 (VIC), Western Health (VIC), Barwon Health (VIC), Sacred Heart Hospital (QLD), War memorial Hospital (QLD), Hampstead Rehabilitation Centre (SA) and The Queen Elizabeth Hospital (SA).

Aim

The No More Shame study aims

- ✓ to address the stigma of elder abuse, by co-designing and implementing a multi component intervention in sub-acute care.
- ✓ to improve the ability of staff working in hospitals to talk about elder abuse and to help people make choices about what to do if they are being abused

Methods

- Five of the ten hospital sites were allocated to the control arm; nil change to practice, except for the introduction of a Site Champion
- The other five hospital sites were allocated to the intervention arm, where these additional components were delivered :-
 - ✓ staff on allocated wards received 1-hour online elder abuse training,
 - ✓ advice on use of the prescribed screening tool, the Australian Elder Abuse Screening Instrument (AuSI) – see Figure 1
- The qualitative methods for the process evaluation included
 - ✓ interviews with site champions and health staff (n=28)
 - ✓ researcher observations of the staff use of the screening tool at site hospitals with patients on participating wards
 - ✓ Deidentified staff interview transcripts which were subjected to thematic analysis using Nvivo (qualitative data analysis software)



Conclusion

Elder abuse devastates the lives of older people. Health professionals are one of the few trusted sources of intervention and upskilling them to recognise and respond to it can stop abuse. Few trials have evaluated training interventions to achieve this; our trial at OPH adds to this sparse evidence and offers a feasible, effective, and implementable model for staff in busy hospital settings.

The trialled screening tool has the potential to enhance health providers practice and in turn, identification of older adults experiencing abuse.

The project design is based on the:

Theory of Change, which “looks at identifying the desired long-term goals, and then working back from these to identify the outcomes required for the goal to be achieved”

THEORY OF CHANGE

- ASSUMPTIONS
- Elder abuse is under-reported and unrecognised
 - Health providers don't know how to ask older people about it



Results

- OPH staff reported the structured conversation provided through use of the AuSI screening tool (Figure 1) helped junior and more experienced staff find the right language to talk about abuse
- These conversations in turn support patients to share their experiences of abuse and/or to learn about and reflect on definitions of older adult abuse
- Results showed significant improvement in staff knowledge and management of elder abuse in the intervention sites but no difference in patients' social care and safety outcomes between groups



Figure 1:
Australian Elder Abuse Screening Instrument (AuSI) for staff use

Figure 1: Australian Elder Abuse Screening Instrument (AuSI) for staff use

The image shows the first page of the Australian Elder Abuse Screening Instrument (AuSI) form. It is a trial form with a header from NARI (National Ageing Research Institute). The form is titled "Australian Elder Abuse Screening Instrument (AuSI) - THIS IS A TRIAL FORM" and "PAGE 1 (OF 2)". It includes instructions on how to use the AuSI, a consent section, and a patient details section. The patient details section includes fields for Patient Name, MRN, DOB, Gender, Indigenous status, CALD status, Interpreter used, Language, and Consent to screening. Below this is a section for screening questions, with the first question being "1. I receive medical attention when I need it, and have a day about my healthcare". The form is designed to be used by healthcare providers to screen for elder abuse.

The image shows the second page of the Australian Elder Abuse Screening Instrument (AuSI) form. It is a trial form with a header from NARI (National Ageing Research Institute). The form is titled "Australian Elder Abuse Screening Instrument (AuSI) - THIS IS A TRIAL FORM" and "PAGE 2 (OF 2)". It includes a section for screening questions, with questions 7 through 16. The questions are designed to be answered by the healthcare provider. Below the questions is a section for "Health Provider's comments (optional)". The form is designed to be used by healthcare providers to screen for elder abuse.

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